## Department of Health Environmental Health Administration Bureau of Hazardous Waste & Toxic Substance 51 N Street, NE Room 3032 Washington, D.C. 20002

## REGISTERED EMPLOYEE I.D. CARD REQUEST/TERMINATION FORM

Please print legibly or type online.

Name of Business or Agency					Telephone No.		
 Str	eet Address/Ma	iling Address	<u> </u>				
Cit	У		.e			Zip Code	 e
Bus	iness or Agenc	y Customer Nu	mber	(From	License	)	
EMP	LOYEES TO BE R	EGISTERED: (D	o <u>No</u>	<u>t</u> Send	Photos v	with Appl:	ication.)
Strong City Bus: EMP1 1. 2. APP1 Name	Employee Name			Home	Address	(Street)	
	Social Securi	ty Number	_	 City		State	Zip
2.	Employee Name		<del></del>	Home	Address	(Street)	
	Social Securi	ty Number		City		State	Zip
3.	Employee Name			Home A	Address	(Street)	
	Social Securi	ty Number		City		State	Zip
EMP	LOYEES TO BE C	ANCELED: (Re	turn	I.D. c	ard if p	possible)	•
<u>Nam</u>	<u>e(s)</u> :	State Zip Code  ness or Agency Customer Number (From License)  DYEES TO BE REGISTERED: (Do Not Send Photos with Application.)  Employee Name Home Address (Street)  Social Security Number City State Zip  Employee Name Home Address (Street)  Social Security Number City State Zip  Employee Name Home Address (Street)  Social Security Number City State Zip  DYEES TO BE CANCELED: (Return I.D. card if possible).  (S): Date of Termination:					
			<u> </u>				
	LICATION MUST AGER.	BE SIGNED	BY A	LICEN	SED APE	PLICATOR	OR BRANCE
	 Signa	ture				Date	
Pri	nt Name				(Cont	- 'd next s	ide)

## ADDITIONAL EMPLOYEES TO BE REGISTERED:

Home Addre	ss (Street)	
City		
	State	Zip
Home Addre	ss (Street)	
City	State	Zip
Home Addres	ss (Street)	
City	State	Zip
Home Addre	ss (Street)	
City	State	Zip
Home Addre	ss (Street)	
City	State	Zip
Home Addres	ss (Street)	
City	State	
	City  Home Addre  City  Home Addre  City  Home Addre	Home Address (Street)  City State  Home Address (Street)  City State  Home Address (Street)  City State  Home Address (Street)